

NOTICE OF INDEPENDENT REVIEW DECISION

March 11, 2002

Re: IRO Case # M2-02-0467

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to _____ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The _____ reviewer who reviewed this case has determined that, based on the medical records provided, the requested care is not medically necessary. Therefore, _____ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

I agree with the carrier's decision to deny this patient the requested lysis of adhesions. The reasons for this opinion are as follows:

1. The patient had not previously been operated on, so the usual source of epidural adhesions was not present.
2. The medical records indicate that no particular level would be so definitely involved over another level to indicate a distinct level for lysis of adhesions. Epidurography that was performed does not indicate any particular finding that would suggest a specific location for the use of the RACZ catheter.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,

Managing Director